

Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 492322015300	
	First Inventor	Takamasa TAKIMOTO
	Title	KEYED CLAMP CIRCUIT
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	<b>Box Patent Application</b> Commissioner for Patents 2011 South Clark Place Room 1B03, Crystal Plaza 2 Arlington, Virginia, 22202
---	---

1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 12] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]	<b>ACCOMPANYING APPLICATIONS PARTS</b>	
5. Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of Attorney] (when there is an assignee)	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

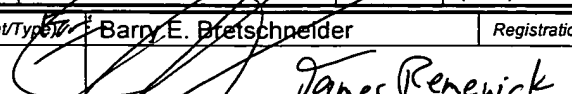
Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

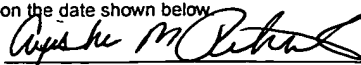
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	25227	or <input type="checkbox"/> Correspondence address below
Name	Barry E. Bretschneider	
Address	1650 Tysons Boulevard, Suite 300	
City	McLean	State VA Zip Code 22102
Country	Telephone (703) 760-7743	Fax (703) 760-7777

Name (Print/Type)	Barry E. Bretschneider	Registration No. (Attorney/Agent)	28,055
Signature		Date	December 17, 2003

I hereby certify that this correspondence is being hand delivered to: Commissioner for Patents, 2011 South Clark Place, Room 1B03, Crystal Plaza 2, Arlington, Virginia, 22202, on the date shown below.

Dated: December 17, 2003

Signature:



(Ayisha M. Roberts)